

2012 State Health Benefit Plan Active Employee & Early Retirees



Presentation to: **Active Employees and Early Retirees**

Presented by: **State Health Benefit Plan**

Date: **September 21, 2011**

Date: January 1-
December 31, 2012

2012 Open Enrollment

- 2012 Open Enrollment Dates
- 2012 Plan Benefit and Eligibility Changes
- Making Your 2012 Benefit Election
- Employee Considerations before making the 2012 election
- FAQs

2012 Open Enrollment

- This year's OE dates will be October 11-November 10, 2011.
 - Members will make their election online at the **new website** www.myshbp.ga.gov
- You should not wait until the last minute to make your election as there may be heavy traffic
- You will need to register on the new website before you can make your 2012 election

2012 Open Enrollment

- **You may go online as many times as you like**
 - but the last election confirmed at the time OE closes will be your election for the 2012 Plan Year
- **You should print and keep a copy of the confirmation page which will contain a confirmation number**
 - once OE is closed, you will be able to go online at www.myshbp.ga.gov and view your 2012 election, (including your plan choice, answers to surcharge questions and more)

2012 Plan Benefit Changes

All Plan Options

– Certain Tobacco Cessation Medications

- Covered when prescribed as part of a Tobacco Cessation Program
- Contact each vendor for specifics

– Bariatric Surgery

- Bariatric (weight loss) surgery will no longer be covered under any plan options – see FAQ's for specific details

2012 Plan Benefit Changes

Eligibility Changes

- **Surviving Spouse/Adding New Born**
 - 90 days to request to continue coverage/add newborn
- **Election Error Reporting**
 - Active employees will have until December 31 to report an election error made during the Open Enrollment Period to their Payroll Location
 - You should complete an Open Enrollment Election Correction Form and turn in to your Payroll Location for submission to SHBP before January 1, 2012
 - Retirees who make an election error during the Retiree Option Change Period must send in writing the fact that they made an error and give their new election to SHBP before January 1, 2012. This can be faxed to a secure fax number at 866-828-4796
 - Once coverage goes into effect, SHBP will not allow a change

2012 Plan Benefit Changes

Eligibility Changes

- **Spousal Surcharge Verification**

- SHBP will request verification from all members not paying the spousal surcharge who cover a spouse who is actively working. Documentation/affidavit will be required that ***the spouse is not eligible for health coverage through employer*** (non-MA options only)
- If your spouse does not work, SHBP will require a copy of the most current federal tax return
- Additional information will be provided later

2012 Plan Benefit Changes

PeachCare FOR KIDS®

Federal law has changed and now allows the PeachCare for Kids® program to enroll children of members covered under SHBP

- PeachCare will be offered as a voluntary program to children eligible for SHBP coverage who meet the PeachCare for Kids® requirements
- Benefits under PeachCare include dental, vision and health insurance at low premiums and low co-payments
- There will be a link to the PeachCare website which will include an eligibility calculator to aid employees in determining if their children may qualify
- You may complete an application on-line or may call and request a paper application be mailed to you by calling PeachCare for Kids

2012 Plan Benefit Changes

PeachCare for KIDS®

- Information is available at 1-877-GA-PEACH (1 877-427-3224) and www.peachcare.org
- If your child **loses eligibility** for PeachCare for Kids coverage you will have 60 days from the loss of coverage to enroll in SHBP coverage. Failure to pay is not a loss of eligibility for coverage
- If PeachCare for Kids **denies coverage** for your child(ren) denial is not a qualifying event to allow enrollment in SHBP coverage
- **NOTE:** Children enrolled in PeachCare for Kids cannot be dually enrolled in SHBP. Earliest an employee/retiree can apply is October 3, 2011.

2012 Plan Benefit Changes

New Tricare Supplement

- **TRICARE Coverage**
 - Voluntary, member-pay-all supplemental health benefit
 - Available to SHBP eligible individuals who are also eligible for TRICARE, the military health benefit program
 - Ends when you turn 65
- **DEERS Number**
 - Members must provide a Defense Enrollment Eligibility Reporting System (DEERS) number
- **No Split Option**
 - Everyone covered under the contract must be in Tricare Supplement

2012 Plan Benefit Changes

New Tricare Supplement (continued)

- **Eligibility for Children Enrolled in Tricare**
 - Must be single
 - Children to age 21 (age 23 if a full-time student)
 - Coverage is extend to age 26 if not a full-time student and enrolled in the TRICARE Young Adult Program
- **Loss of eligibility for Tricare Supplement while actively working**
 - Is a qualifying event to select another option if you make the request within 31 days
- **COBRA**
 - Members who lose eligibility for SHBP coverage while covered by Tricare supplement will not be offered COBRA

For additional information call 866-637-9911 or on the website at www.asicorporation.com

2012 Plan Benefit Changes

New Wellness Plans

Include HRA, HMO and HDHP Plan Options

- **Wellness Plan Promise:**

- Members and covered spouses
- Each must Complete an online health assessment
- Each must Obtain biometric screening* between July 1, 2011 and June 30, 2012 (*Body Mass Index, Blood Pressure, Blood Glucose, Cholesterol)
- Biometric screening results MUST be received by your health care vendor by June 30, 2012
- Members may obtain screenings from their physician or by attending a scheduled worksite health event sponsored by SHBP

2012 Plan Benefit Changes

New Wellness Plans (cont'd)

Rewards received for Wellness Plan Options

- Lower premiums
- Lower out-of-pocket costs through co-payments, coinsurance, deductibles and out-of-pocket maximums
- Preventive incentive for the HRA (\$125 credit)
- Disease State Management (DSM) pharmacy copay/coinsurance waiver for the HRA and HMO in Wellness Plans only

2012 Plan Benefit Changes

New Wellness Plans

- If a member or his/her covered spouse does not honor their promise the Wellness plan will not be offered as an option the following year
- During the 2012 Open Enrollment or Retiree Option Change Period, if you drop a spouse because he/she did not complete the promise, you will still not be able to enroll in the Wellness Plan in 2013

2012 Plan Benefit Changes

New Standard Plans

Includes the HRA, HMO and HDHP Plan Options

- Covers the same services as the Wellness Plans EXCEPT
 - No Promise (i.e., no biometric requirements)
 - Higher premiums
 - Higher out-of-pocket expenses through co-payments, coinsurance, deductibles and out-of-pocket maximum
 - No preventive incentive for the HRA (\$125 credit)
 - No DSM pharmacy copay/coinsurance waiver

2012 Plan Benefit Changes

HRA Wellness and Standard Plans

SHBP HRA Contributions Comparison

Wellness HRA Contribution		Standard HRA Contribution	
You	\$ 500	You	\$ 375
You + Spouse	\$ 1,000	You + Spouse	\$ 650
You + Child(ren)	\$ 1,000	You + Child(ren)	\$ 650
You + Family	\$ 1,500	You + Family	\$1,000

2012 Plan Benefit Changes

HRA Wellness and Standard Plans

Prescription Drug Coverage

- The Pharmacy benefit will be the same under the Wellness and Standard HRA Plans
- Pharmacy costs will no longer apply to the deductible or out-of-pocket limit (Starting day one member will always pay coinsurance amounts)
- HRA dollar credits may be used for prescription drugs, but will no longer help to offset your deductible or out-of-pocket limit
- The benefit will change to a 3 Tier structure with a minimum and maximum out-of-pocket
- **Please note:** UnitedHealthcare (UHC) members will need to provide a separate Health Care Spending Card to access HRA dollar credits for their pharmacy expenses. Additionally, UHC members will still need to present their UnitedHealthcare ID cards with any prescriptions at the pharmacy. **No separate card is required for CIGNA members at the pharmacy.**

2012 Plan Benefit Changes

HRA Wellness and Standard Plans

UnitedHealthcare Pharmacy Health Care Spending Card

– How does it work and what happens at the pharmacy?

- Activate your card as soon as you receive it by calling the number on the back of your card.
- Your card must be activated 1 business day prior to use.
- When you use your card, payment is transferred directly from your HRA account to the pharmacy.
- Once HRA funds are no longer available transactions will be denied.
- This card can only be used for covered prescription expenses (not for medical or dental).
- Unauthorized transactions will be denied.

2012 Plan Benefit Changes

HRA Wellness and Standard Plans

Prescription Drug Coverage - continued

Retail Pharmacy - 31 day	Tier 1 – 15% (\$20 min/\$50 max) Tier 2 – 25% (\$50 min/\$80 max) Tier 3 – 25% (\$80 min/\$125 max)
90-Day Retail Pharmacy	Tier 1 – 15% (\$60 min/\$150 max) Tier 2 – 25% (\$150 min/\$240 max) Tier 3 – 25% (\$240 min/\$375 max)
90-Day Voluntary Mail Order	Tier 1 – 15% (\$50 min/\$125 max) Tier 2 – 25% (\$125 min/\$200 max) Tier 3 – 25% (\$200 min/\$312.50 max)



2012 Plan Benefit Changes

HRA Wellness and Standard Plans

Prescription Coverage Examples – Drug A is Tier 1

If the cost of the drug is less than the minimum amount for Tier 1 drugs

- For a 31-day supply the usual and customary price is \$15
- The minimum for Tier 1 is \$20
- The SHBP Member pays \$15

Cost of the drug when coinsurance applies for Tier 1 drugs

- For a 31-day supply the contracted price is \$100
- The Coinsurance is 15% and the minimum amount for Tier 1 is \$20
- 15% of \$100 is \$15
- The SHBP Member pays \$20

Note: The \$4 generics offered by some pharmacies will be \$4

2012 Plan Benefit Changes

HRA Wellness and Standard

Prescription Coverage Examples – Drug B is Tier 2

If the cost of the drug is less than the minimum amount for Tier 2 drugs

- For a 31-day supply the usual and customary price is \$35.79
- The minimum for Tier 2 is \$50
- The SHBP Member pays \$35.79

Cost of the drug when coinsurance applies for Tier 2 drugs

- For a 31-day supply the contracted price is \$350
- The Coinsurance is 25% and the maximum amount for Tier 2 is \$80
- 25% of \$350 is \$87.50
- The SHBP Member pays \$80

2012 Plan Benefit Changes

HMO Wellness and Standard

HMO Plan Changes

Type of Service	Wellness HMO Co-payment	Standard HMO Co-payment
Primary Care Physician	\$35	\$45
Specialist	\$45	\$55
The deductibles and out-of-pocket maximum did not change		
The \$200 annual vision benefit for glasses and contacts will no longer be offered		
Pharmacy 90- day Voluntary Mail Order	Tier 1- \$ 50 Tier 2- \$125 Tier 3- \$225	

2012 Plan Benefit Changes

High Deductible Health Plan Wellness and Standard

HDHP Deductible and Out-of-Pocket Comparison

Deductible	Wellness HDHP (In/Out of Network)	Standard HDHP (In/Out of Network)
You	\$1500/\$3000	\$1750/\$3500
You + Spouse	\$3000/\$6000	\$3500/\$7000
You + Child(ren)	\$3000/\$6000	\$3500/\$7000
You + Family	\$3000/\$6000	\$3500/\$7000
Out-of-Pocket	Wellness HDHP (In/Out of Network)	Standard HDHP (In/Out of Network)
You	\$2400/\$5300	\$2650/\$5800
You + Spouse	\$4100/\$9800	\$4600/\$10800
You + Child(ren)	\$4100/\$9800	\$4600/\$10800
You + Family	\$4100/\$9800	\$4600/\$10800

2012 Plan Benefit Changes

High Deductible Health Plan (HDHP)

Wellness and Standard

HDHP Co-Insurance and Pharmacy Comparison

Type of Service	Wellness HDHP	Standard HDHP
Co-Insurance	90% IN or 60% OON	80% IN or 60% OON
Pharmacy 90-Day Voluntary Mail Order (this is not a change)	80% (\$25 min/ \$250 max)	

IN = In Network
OON = Out-of-Network

2012 Rates

Every SHBP member will see an increase in premiums

Active Employees and Retirees under Age 65

- Wellness Plans – 11%
- Standard Plans – 17%

Retiree Plans Age 65 or Older

- Medicare Advantage PPO Standard – 11%
- Medicare Advantage PPO Premium – 28%

Making Your 2012 Benefit Election - Considerations

- Determine if healthcare provider is in-network
- Check the Preferred Drug Lists for each plan and healthcare vendor as the formulary varies between plans and vendors
- Compare the benefits in relation to the premiums
- Carefully review the 2012 Decision Guide available at www.myshbp.ga.gov and www.dch.georgia.gov/shbp

Making Your 2012 Benefit Election

- **Online Election**
 - Employees must make their health election at www.myshbp.ga.gov
 - Retirees may make their health election online or by paper
- **Website Open & Close Dates**
 - Website opens at 4 a.m. on October 11, 2011
 - Website closes at 4:30 p.m. on November 10, 2011
- **Active Employee and Retiree Health Plan Decision Guides**
 - Available on the website at www.myshbp.ga.gov and www.dch.georgia.gov/shbp by September 30, 2011
- **Retiree packets** will go in the mail by October 10, 2011

Making Your 2012 Benefit Election – Did You?

- **Remember to:**
 - Make sure you have selected the correct option
 - Confirm you have added all eligible dependents you wish to be covered (active employees)
 - Confirm you have answered the surcharge questions correctly
 - Click “Confirm” and always Print your Confirmation (this WILL include a confirmation number)

Making Your 2012 Benefit Election

Active Employees

- If you don't go online and make a 2012 election

Retirees

- If you don't make an election online or by paper

Your coverage will default

- To the Standard HRA, HMO or HDHP Option with your current vendor
- The tobacco and spousal surcharges (if you cover your spouse) will apply for the 2012 Plan Year

Questions or Additional Information

- **CIGNA** - HMO, HRA, HDHP - 800-633-8519
www.mycigna.com/shbp
- **UnitedHealthcare** - HMO, HDHP - 877-246-4189
HRA - 800-396-6515
www.welcometouhc.com/shbp
- Refer to www.myshbp.ga.gov or
www.dch.georgia.gov/shbp to access additional
information

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24/7

2012 SHBP Biometric Screening PHYSICIAN FAX FORM
Fax to 860.256.6767

Dear Physician:

I am participating in the Georgia SHBP WELLNESS Plan. As a requirement of this plan I have agreed to complete a biometric screening as detailed on the plan and signed form to the CIGNA fax line.

Thank you.

SECTION 1: PATIENT INFORMATION

First Name: _____
Address: _____
Phone Number: () - _____
Gender: ☐ male ☐ female Age: _____
Please read the following disclaimer: This is a requirement of participation in the program and is confidential and protected as required (HIPAA). I also acknowledge that I am participating in the program.

Signature: _____

SECTION 2: PATIENT BIOMETRIC VALUES

Required Screening Information:

Exam Date: _____
Height: _____ ft _____ inches
Weight: _____ pounds
Waist circumference: _____ inches
Blood Pressure: _____ / _____
Total Cholesterol: _____ mg/dL
HDL Cholesterol: _____ mg/dL
Glucose: ☐ fasting _____ mg/dL
☐ non-fasting _____ mg/dL

Physician Name: _____
Fax #: () - _____
City: _____
Signature: _____

Information we need to direct you to programs and resources CIGNA offers to positively impact your health, such as the new nicotine replacement therapy, diabetes or cardiac programs.

You can complete the screenings at a worksite screening or at your doctor's office. If you obtain your screening by your in-network physician, you will need to have your physician complete the "physician screening form" and have your physician securely fax the form to CIGNA.

The physician screening form will be available at www.myshbp.ga.gov on January 1, 2012. The deadline for receipt of the faxed physician screening form is June 30, 2012. The screenings are considered preventive care, so they're covered at 100%. That means no cost to you.

You must complete both parts of the WELLNESS Promise by June 30, 2012 to be eligible to enroll in a WELLNESS plan option for 2013.

WHY CIGNA?

Why should you choose UnitedHealthcare?

- 10+ years experience helping our more than 620K SHBP covered members lead healthier lives
- More than 153 hospitals, 16,800 doctors/other health care providers and 2000 pharmacies in Georgia
- 659,900 doctors, 5,826 facilities and 60,000 pharmacies nationwide
- Dedicated nurse and wellness coach in Georgia for you and your family with 24/7 access to Nurseline support
- Personalized health information, wellness tools at your fingertips
- Private, personal website at myuhc.com
 - Telephonic & online coaching programs
 - Benefit Plan and Treatment Cost Estimator Tools
 - Price a Medicine
 - Quicken Health Expense Tracker
- Mobile tools: myuhc.com mobile, DocGPS™, OptumizeMe™

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www.welcometouhc.com/shbp



Important Notice

- The information provided in this presentation is a summary of changes for the 2012 Plan Year. It is intended only to highlight principle benefits
- Please refer to the Active Employee or Retiree Decision Guide for more details
- Rates, decision guides and other information will be available at www.dch.georgia.gov/shbp and www.myshbp.ga.gov by September 30, 2011

Frequently Asked Questions - FAQs

- Q.** If I complete my Health Assessment and obtain my biometric screening but my spouse doesn't, will I be able to enroll in a Wellness Option in 2013? - **A.** No.
- Q.** Can I earn \$125 for taking my online health assessment and obtaining my annual physical? **A.** Yes but only if you are enrolled in the Wellness HRA Plan.
- Q.** If I smoke, will I be able to enroll in a Wellness Option? **A.** Yes

Frequently Asked Questions - FAQs

- Q.** Can I submit my biometric screening results to my healthcare vendor?
A. No. Your physician must fax to your vendor by June 30, 2012.
(This physician fax form will be available January 1, 2012 on www.myshbp.ga.gov,
www.myuhc.com and www.mycigna.com)
- Q.** In year two, what happens if my biometric numbers don't improve?
A. You may continue in the Wellness Plan. You will need to show that you are taking steps to improve your health unless you have a medical condition that does not allow you to take steps to improve your biometric numbers.
- Q.** What if I have started the steps to have my bariatric surgery covered will my surgery be covered? **A.** No. Not unless you have the surgery before January 1, 2012

Frequently Asked Questions - FAQs

- Q.** What happens when I have used all of my HRA dollars when I purchase prescriptions? **A.** You will have to pay the minimum or maximum coinsurance amount based on the tier your drug is in.
- Q.** What if the cost of my drug is less than the minimum or maximum coinsurance, will I still pay the min or max? **A.** No, if the retail cost of the drug is less than the min or max.
- Q.** Should I remove my child(ren) during Open Enrollment (O/E) in anticipation of PeachCare coverage acceptance? **A.** No. Do not remove your child(ren) during O/E unless the child(ren) has been approved for enrollment into PeachCare for Kids. You have 60 days from the Qualifying Event to remove your child(ren) once Peachcare approves enrollment.

Frequently Asked Questions - FAQs

Q. Will my children need to keep the Wellness Promise?

A. No

Q. What plans will new hires be eligible for? **A.** Standard HRA and HDHP only.